



MENOMINEE INDIAN TRIBE OF WISCONSIN

P.O. Box 910/W2908 Tribal Office Loop Road
Keshena WI. 54135
Phone 715-799-5121 Fax 715-799-6068

AUTHORIZATION TO RELEASE INFORMATION

Client's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security # _____

I request and authorize _____ to
release personal information of the client named above to:

MENOMINEE INDIAN TRIBE OF WISCONSIN – ENROLLMENT DEPARTMENT
P.O. BOX 910/W2908 TRIBAL OFFICE LOOP ROAD
KESHENA WI. 54135

This request and authorization applies to:

____ Personal information to attain Tribal Enrollment Certification/Application for:

____ NAME _____ D.O.B. _____

____ NAME _____ D.O.B. _____

____ NAME _____ D.O.B. _____

____ NAME _____ D.O.B. _____

____ Other _____

Client Signature: _____ Date: _____

This authorization will only be authorized to the department listed above and will expire immediate after it is signed.

To maintain the confidentiality of the Menominee Indian Tribes membership information, we must inform the individuals of departments that this information is confidential, dissemination, distribution or copying of this data is strictly prohibited.